

Social Security Number
(Individuals Only)

Tax Identification Number
(Organizations Only)

FINAL FINANCIAL REPORT FORM (805)
D.C. COMMISSION ON THE ARTS & HUMANITIES

1. _____
Grantee Name
2. _____
Grant Award Number
2. _____
Street Address
3. _____
Grant Period
- WDC _____
Zip Code Ward# Tel. No. (Day)
4. _____
Date
5. Type of report (Check One):
__ Interim __ Final
6. Type of Request (Check One):
__ Advance __ Reimbursement __ Final
7. Payment Amount \$ _____
8. Grant Period _____ to _____

BUDGET AND EXPENDITURE REPORT			
Itemized Expenses	(B) Program Budget	(C) Program Costs	(D) Cash
Personnel:			
Administrative			
Artistic			
Technical/Production			
Outside Fees and Services			
Artistic			
Other			
Space Rental			
Travel			
Marketing (Promotion)			
Remaining Operating Expenses			
TOTAL			
GRANTEE SHARE			

Note: Entries in Columns C & D require supporting documentation.

Remarks: _____

Certification: _____
Signature of Authorizing Official

_____ Date

FORM 805

Instructions for #8

BUDGET AND EXPENDITURE REPORT

INSTRUCTIONS: Grantees who receive a 100% cash advance of their grant award are required to submit the Final Financial Report Form (805), accompanied by the appropriate supporting documentation (i.e., canceled checks and/or official paid receipts) at the end of the grant period. Form (805) is included in the original grant award package. Note that you must document 100% of the expenditures not to exceed the total grant amount, and if stipulated additionally, the matching grant award.

8A. Report Period: Enter the month, day and year for the period of this report indicated in the grant award letter. This is a final report, refer to the grant award letter to determine the starting date of your grant period.

8B. Program Budget: Refer to the original budget submitted with your grant application, unless the Commission has subsequently approved a revised budget.

8C. Program Costs: Enter the actual expenses incurred during the grant period. Organize, label and attach documentation such as copies of canceled checks, official receipts, etc.). Canceled checks must be photocopied on both sides. Use column C when requesting reimbursement for the grant period. Note that in-kind contributions can no longer be used as part of the matching share.

8D. Cash: Indicate the application of funds other than the Commission grant toward expense incurred during the grant period.

FOR D.C. COMMISSION STAFF ONLY

Request Reviewed by: _____ Date: _____

Determination: ____ Approved as submitted. Payment to be processed.

____ Denied as submitted. Contact grantee for resolution.

____ Approved with corrections as noted below.

Indicate date, person contacted, and nature communication:

**D.C. COMMISSION ON THE ARTS AND HUMANITIES
FINAL NARRATIVE REPORT FORM (804)**

FISCAL YEAR 2005

MAIL TO:

(Rev. 9/1/04)

410 - 8th Street, N.W.
Suite 500
Washington, D.C. 20004

NOTE: All grantees are required to submit a Final Narrative Report upon the completion of the grant period as indicated in your grant award letter, unless otherwise stipulated. Grantees who receive project support should refer to the revised budget submitted with the original grant award package. All other grantees should complete this form in accordance with their overall programs and/or artistic activities.

Grantee Name

Grant Award Number

Social Security Number
(Individual Only)

Grant Amount

Tax Identification Number
(Organizations Only)

Contact Person (Organizations Only)

Title (If Applicable)

Street Address

Grant Period

ZIP Code

Ward #

Date Report Completed

Telephone

I. EVALUATIVE NARRATIVE (Attach additional pages only if necessary)

1. Briefly describe your artistic activities during the grant period. Were there any noted successes?
2. Describe the impact that the grant award had on your organization during the grant period.
3. What suggestions do you have for improvement in the grants process?
4. What measures were used to evaluate the grant period?
5. Please attach support materials (i.e. programs, announcements, invitations, press

reviews, etc.) if applicable.

II. PROGRAM INFORMATION

- A. It is essential that the following statistics be provided to complete the National Endowment for the Arts' requirements for the agency. Please select the artistic discipline of your organization and discipline of your project:

Crafts (07)	Multidisciplinary (14)
Dance (01)	Music (02)
Design (06)	Non-Arts/Non-Humanities (15)
Folk Arts (12)	Opera (03)
Humanities (13)	Photography (08)
Interdisciplinary (11)	Theater (04)
Literature (10)	Visual Arts (05)
Media (09)	

_____ Grantee Discipline _____ Project Discipline

- B. AUDIENCE/INDIVIDUALS TO BENEFIT/PARTICIPATING ARTISTS
(applicable only to non-Commission driven Special Initiatives)

Actual individuals benefiting (total audience/participants, excluding employees and paid performers):

III. BUDGET SUMMARY

Round to the nearest dollar

Total Cash Expenses \$_____

Total Cash Income _____

Total Payment to Artists _____

- IV. Actual number of artists/personnel/volunteers participating in the program.

Full-time personnel _____ Artists _____

Part-time personnel _____ Volunteers _____
(less than 35 hrs. a week)